## ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

ICPC-101 August 1996

## SENDING STATE PRIORITY HOME STUDY REQUEST

To be submitted by Social Worker with other required ICPC materials

Name of Child <sup>1</sup> to be placed	Ag	eMother's Name	
		ather's Name	
DDODOCED CADETAKED		on D W Living with	
NAME:	Marital Status: S, IVI, Se (	circle one)	(name of person)
ADDRESS:			
Telephone Home #:	Work #:	Social Security #	
Relationship to child identified above:			
Best time of day to contact caretaker:	Employer	(if applicable)	
Alternate Contact Name & Address:			
ASSESSMENT OF CHILD  Case Plan Attached: yes no (circle one)	Financial/ Medical Plan attacl	ned: yes no (circle one)	
Special Needs:			Addition to the state of the st
Handicaps: Mental/Physical			
Service Needs/Treatment Requirements	S:		
School Information:			
Other required pertinent information reg	arding child and family will follow:	yes no (circle one)	
Worker's Name (ple	ease print)		(Tel. #)
Worker's Signature		(date)	
Supervisor's Signature(if	required)	(date)	(Tel. #)

If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.